## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000079993

1. Corporation Name

APEX IMPORT/EXPORT, INC.

Mailing Address
1550 E OAKLAND PARK BLVD FT LAUDERDALE FL 33334

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90047 031 \*\*\*150.00



							[		(Bill billing)
Principal Place	e of Business	Maili	ng Address						
1550 E OAKLAND PARK BLVD 1550 E OAKLAND PARK BLVD			D						
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		
							09/25/1996		
		10.1	4 - 10 A - I				4. FEI Number	ΙΔn	plied For
2. Principal P	lace of Business		failing Address				65-0702541		t Applicable
21		26							Additional
Suite, Apt.	#, etc.	<b>├</b> ──¬	uite, Apt. #, etc.				5. Certificate of Status Desired		equired .
22		27							
City & Stat	e	<del></del>	City & State				9	\$5.00 Added 1	,
23		28	···	C	. Second		Trust Fund Contribution		0.1602
Zip	Country	<b>├</b> ───┐	iip 	Coun	itry		8. This corporation owes the current year Intang	ible Yes	□No
24	25	29		30			Teroprity term		
	9. Name and Address of Cur	rent Registe	red Agent		81	Mana	10. Name and Address of New Registered Age	7111	
700	CED DANIELLE				81	Name			.
	GER, DANIELLE			ļ.	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	E OAKLAND PARK BLVD			L					
FIL	AUDERDALE FL 33334				83		•		
					84	City	[	35 Zip	Code
						Ony	FL  `		}
agent. I a	Im familiar with, and accept the ob-					signature require	d when reinstating) DATE	•	
12.	OFFICERS	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITL	E			] Change	☐ Addition )
NAME	ZERGER, DANIELLE			1.2 NAM	ΜE				
STREET ADDRESS	ACCOL CAMILAND DADY DE	VD		1.3 STR	REETA	ADDRESS			1
CITY-ST-ZIP	FT LAUDERDALE FL 33334			1.4 CIT					
TITLE	D		☐ DELETE	2.1 TITL				] Change	☐ Addition
NAME	TUBERO, CHAIM			2.2 NAN	JF.				1
	A444 OLD GOURT BOAD AL	PT 706				ADDRESS			
STREET ADDRESS	BOCA RATON FL 33433	1 100							1
CITY-ST-ZIP	BOCA RATON FL 33433		☐ ØELETE	2. 4 CIT 3.1 TITL		-217		Change	☐ Addition
TITLE			- OFFETE	3.1 NAM			_		_
NAME						NDDDESS			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CIT		-ZIP		Change	Addition
TITLE			□ hereie				_		
NAME				4. 2 NA					
STREET ADDRESS						ADDRESS			]
CITY-ST-ZIP				_	Y-ST-	ZIP		Change	Addition
TITLE			☐ DELETE	5.1 TITU			L	7 cualibe	
NAME				5.2 NAM					Ì
STREET ADDRESS	!					ADDRESS	•		ļ
CITY-ST-ZIP				5.4 CIT		ZIP		3.01.	
TITLE			☐ DELETE	6.1 TITL				] Change	☐ Addition
NAME				6.2 NA	ME				ļ
STREET ADDRESS	.)			6.3 STF	REETA	ADDRESS			ì

14. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP